

except on the vertex, which could scarcely be expected where life had been taken by design. An important circumstance to be noticed in such cases, is the part of the umbilical cord which is ruptured, whether at the placenta or umbilicus, and also whether it presents appearances of laceration. If ruptured by the falling of the child, it would unquestionably be at the extremity, and not in the middle. It did not appear from the testimony, where the cord was divided, in the above case. We then come to the conclusion, that, if born alive, this child probably came to its end by accidentally falling upon its head.*

ART. V. *Cases with Remarks.* By ASHBEL SMITH, M. D. of Salisbury, N. C.

CASE I. *Imperforate Anus.—Recto-Vaginal Canal.—Operation.*—This was the case of a female infant. The accouchement of the mother was at the end of the ordinary period, of her first child, easy, and presenting nothing worthy of record. The child was of the usual size, healthy, and exhibited no malformation, except the one

*A trial for infanticide, under circumstances somewhat similar to the above, occurred in this city before Judge Woodworth, in 1819. Mary Gardner was indicted for murdering her infant child, which was found soon after birth, wrapped up in rags, and concealed in an old chest. The child was living when found, but died after a few hours. There were marks of violence on its head and neck, and three fractures on the centre of one of the parietal bones, diverging in a radiated manner, and considerable extravasated blood near the coronal suture. Dr. Bliss testified that great violence had been committed, such as would follow a blow from a poker, and that in his opinion it could not have resulted from any accident at birth, as a fall, &c. It was argued that there was no evidence of actual violence on the part of the mother, that the appearances might have resulted from accident, and notwithstanding the opinion of the physician, it would be wrong to draw the inference that she murdered her child, as the fact of concealment might be fairly attributed to a motive consistent with her innocence. Verdict, *Not Guilty*. There is no statute law against infanticide in this state, but such cases are decided by the principles of common law, and accessory circumstances are only considered as proving the intent. There must be actual, *not presumptive* proof that the child was born alive. The legal presumption is, that the child was born dead, and the law does not, as in England, throw the burden of proof upon the mother. She is not required to prove that it was born dead, but the government must show that it was born alive. This we believe to be placing the mother on the only just ground. The same evidence ought to be required in cases of infanticide, as necessary to convict in cases of homicide.

which I am about to describe. Some time after its birth, it was discovered that an anus was wanting, and that the excrements were voided through the vagina. The patient continued to void her feces, in this way, till she was four months old, lacking five or six days, when an operation for artificial anus was performed.

At the time of the operation, July 7, 1834, the general health of the little patient was good, unless we except a somewhat costive habit. It had been raised partly by the bottle, in consequence of a deficient secretion of its mother's breasts; but the derangement of its health was not greater than almost invariably accompanies imperfect nourishment, in the way instituted by nature. The genital organs, on careful examination, did not present *externally* any thing remarkable or anormal. The clitoris, the labia, the fourchette, the meatus urinarius, were of the usual size and well formed. The hymen existed, but was small. Whether the os tincae, and of course the womb, existed, I could not conveniently discover. The rectum terminated in the posterior and upper portion of the vagina. The perineum offered no trace of anus, except it were that the place it should have occupied was thought to be marked by a very slight brownish discoloration.

The operation was performed in the usual way. Assisted by my friend Dr. E. R. Gibson, I made an incision in the place commonly occupied by the anus, and continued it along the direction of the coccyx until I arrived at the rectum. The depth of this incision was from 9 to 12 lines. The rectum was thus opened to the extent of two-thirds or three-fourths of an inch, and some fecal matter was discharged through the incision. A transverse incision was made, and a tent smeared with sweet oil, was placed in the wound to keep it open. No untoward symptom succeeded the operation; the inflammation was moderate, and did not extend beyond the wound, nor in any degree complicate the general health.

About seven months after the operation, Feb. 1835, I again saw the patient. The artificial anus was perfectly healed, and would then easily admit an urethral bougie of the largest size, being of less dimensions than the original incision, in consequence, as is probable, of the difficulty in maintaining the tent in its place. The tent had been for a long time disused, and the artificial anus showed no disposition to contract further. Its parietes were covered with a smooth and apparently organized membrane. The feces were discharged partly through the recto-vaginal canal. It was intended to enlarge at some future time, the artificial anus, but the patient died of an acute disease some weeks subsequently to the last date, or more than

eight months after the operation. No cadaveric examination, I understand, was made.

Of the final success of operations in cases like the foregoing, where no other malformation exists, I can entertain no doubt. What arrangement of the muscular fibres of the rectum existed in the present case, I will not attempt to conjecture. The artificial anus appeared to be under the control of a sphincter, for the feces did not come away in a regular stillicidium, but were discharged at intervals. Nor did the recto-vaginal canal, or vulva, serve as a receptacle. When I performed the operation, this canal was quite empty, while the rectum proper contained a considerable quantity of fecal matter, which was discharged through the artificial opening. I think, too, that the recto-vaginal aperture, in case it should remain open and occasion inconvenience, might be closed with the aid of a speculum and other appropriate instruments, when a patient should attain sufficient size. The case related by Ricord, of the Hospital du Midi, of a woman aged 22 years, in whom this malformation existed, and who had been subjected to no operation, is in this and some other points of view, one of the most interesting on record:—it confirms the opinion of Sabatier, that this malformation is not necessarily fatal. A great obstacle to the success of this operation is, the difficulty in preventing the reunion of the new anus; though, as far as an opinion may be formed from a single case, I think it has been overrated by Benjamin Bell, Miller, and others—and old Dionis, to whom a case requiring a deep incision occurred, treats this difficulty slightly.

CASE II. *Fungus of the Urethra*—Symptoms counterfeiting those of Stone in the Bladder—Operation—Complete relief.—Dec. 15, 1834. Mrs. ———, aged 48 years, of a good constitution, middle stature, rather spare habit, brunette complexion, chestnut hair, brown eyes. She has been married about 25 years; was at that time in good health, and became pregnant shortly thereafter. She aborted about the 6th or 7th month, with little or no pains, except quite moderate labour-pains. She has since had a single child. Between her first and last pregnancy—an interval of several months—she for the first time, had occasional paroxysms of severe pain, which was referred to the genito-urinary organs, without her being able to distinguish which of these systems was primarily affected. The paroxysms commonly were but of a few hours' duration. About this time she discovered a small sessile body, of a bright red colour, situated at the extremity of the urethra; to this she attributed so little importance, that she was unaware of its being an anormal growth. The pains gradually increased in severity, duration, and frequency

of recurrence, for several years. She then had an exemption for some years, under the use of a medicine not known, but conjectured to be an animal oil. Her complaint afterwards returned with increasing severity, till her life had but few intervals of ease, between paroxysms of long and extreme suffering. The small tumour, formerly sessile, she at length discovered to be attached by a shorter pedicle. Paroxysms of intense suffering were occasioned by slight causes. Mental agitation, fatigue, brisk purgatives, the menstrual period, and the ritus connubialis certainly produced them. She was harassed with hæmorrhoids, and a paroxysm of these or of the urethral affection, for the most part, mutually brought on each other. Latterly the hæmorrhoidal affection has ceased to trouble her. Her urine on standing, deposited a copious brick-dust sediment. She has had occasionally severe pains in the lumbar region; but no connexion between them and her permanent affection was supposed to exist. No pain can be recollected referable to the ureters, nor any extending down the inside of the thighs. Riding in a carriage did not bring on nor aggravate a paroxysm. The pains were at first alleviated by a free use of gum Arabic water, by balsam of copaiva, the hip bath, &c. Subsequently she made frequent use of calcined magnesia, and latterly she has employed the same medicine in union with the sulphate of magnesia and wine of Colchicum, according to Sir C. Scudamore's formula. From magnesia in these ways, she has derived the most sensible relief. Anodynes, chiefly opium, she has resorted to, to mitigate present agony. S. S. nitre afforded her no alleviation.

The regularity of her menstruation, the copious lateritious sediment of the urine, and the relief afforded by the medicines mentioned above, decided me in the opinion, that the urinary organs were primarily affected. Though from the painfulness of her menstrual periods, and the location of her sufferings, the patient hesitated between fixing on the genital or urinary organs. And so little importance did she attach to the small fungous tumour, that until recently she never even mentioned it; and then in such a way that its exact situation was not suspected. I halted between the suspicions of a calculus, or a fungus or polypous excrescence within the bladder. Her delicacy shrunk from an examination with the sound; till prostrate on a bed of torture hardly intermitted, her health wasted, and life ebbing gradually under the pain, the patient requested me to repair with every instrument necessary for any operation. An examination with the sound *sine visu* taught nothing. An ocular inspection discovered a fungus of the size of a large pea, of a strawberry red colour, attached by a short pedicle to the urethra near its outer

extremity. It was seized with a pair of forceps, and cut off. A few drops of blood followed.

Oct. 1835.—The relief afforded by the removal of this little fungous tumour was complete. Ten months have since elapsed, and the patient has not felt the slightest return of the pain to which she had been more or less subject for upwards of twenty years; which, during the latter portion of this period, confined the patient a large share of her time to the bed, and was rapidly wearing out the life which its torture had rendered a burden.

Some will doubtless be of opinion, that I have detailed the symptoms of this case with more minuteness than so insignificant an operation merits. Perhaps I have; but I have not known a similar train of symptoms produced by diseases of the urethra, except such as occupy its upper portion, or the neck of the bladder;—nor have I been able to find in the treatises on surgical diseases, cases like the one I have related, though it is possible there may be such, which have escaped my research. I do indeed find plenty of fungi and polypi producing symptoms counterfeiting the stone, from Fabricius Hildanus and Morgagni down to the present time. But then these excrescences were situated in the bladder, or near its neck, and are rarely the subject of an operation. And perhaps greater care in examining the cases of severe irritation of the female genito urinary organs, which occur to almost every practitioner, may now and then discover some small and easily removable local cause of the irritation, and thus a life of torture be converted into one of enjoyment. To a physician it might be interesting to inquire what influence the painfulness of the marital rite exerted in preventing conception in an individual otherwise healthy and of an admirably balanced system.

CASE III. *Fracture and depression of Cranium. Comatose state for 20 days, during which time paroxysms of a quartan intermittent regularly occurred—Permanent impairment of memory.*—I am aware that the following case presents nothing novel, in a surgical point of view. I have sent it to you solely on account of one circumstance mentioned in the caption, viz: that all the phenomena of a regular quartan uniformly occurred at the proper intervals, without appearing to influence or be interrupted by the profound stupor in which the patient was lying.

A— K—, aged 17 years, of fair complexion, light hair and eyes, and moderately robust, had been labouring under a quartan intermittent for some time previously to April 5, 1834. On this day he had his skull broken by the falling of the limb of a tree. Three hours after this accident, I saw him. He was then speechless, mo-

tionless, and in a profound stupor. His pulse was feeble and slow—his skin cool and dry. A large ecchymosis was formed beneath the upper and front part of the hairy scalp, principally on the left side of the median line; the left eyelid was tinged with extravasated blood. Through the ecchymosis was felt an extensive fracture of the bone crossing the left portion of the coronal and the anterior end of the sagittal sutures. A single incision gave free exit to a quantity of blood, showed the pericranium extensively detached from the cranium, and exposed a depression of the anterior edge of the fracture below the inner table of its posterior edge, and the fractured portions were sufficiently separated to admit readily the elevator. The depression was elevated accordingly, without any destruction of bone. He manifested no sensation from the cutting, nor any relief from the flow of blood, on the elevation of the bone. He remained perfectly insensible to every thing—swallowed only fluids, and these with extreme difficulty, in small quantities, and unconsciously. His pulse rose in the course of an hour or two, when about $\frac{3}{4}$ vi. of blood were drawn from the arm. A folded linen cloth, wet in brandy and water, was laid over the wound on his head; the compound infusion of senna was given him as he was able to swallow, and laxative enemata were administered. He lay in this comatose state about four days, without noticing anything or uttering a word. His bowels were then moved, and he would mutter a few incoherent words when loudly spoken to. He continued in this condition till about the 20th day after receiving the injury, when he was first observed to notice occasionally what took place about him. He recovered his health very slowly. Nothing more was done for him, except to give him a very light liquid diet, and the occasional administration of a laxative.

The day on which his skull was fractured, was the one in regular course for his chill and fever. Accordingly, on this day, and on every succeeding third day, he exhibited all the sensible phenomena of a paroxysm of intermittent fever, with very little, if any, interruption by the cerebral oppression. This case presented the most complete and longest temporary suspension of all the visible cerebral functions I ever witnessed. For a long time the patient was but one remove from apoplexy. The intermittent was cured many weeks afterwards, by sulphate of quinine and hydrocyanate of iron. I have related the case for the bearing it seems to have on some exclusive theories of fever. In some cases, the brain can be only a passive participator in the general disturbance; for, as with the case before us, with its functions so completely suspended, and the general symptoms of the paroxysms thereby so little affected, we can hardly sup-

pose the brain an essential agent in the production of the morbid phenomena.

The patient has not the slightest recollection of any thing that took place the day his skull was fractured, and his memory of subsequent events appears permanently impaired, though his general health is perfectly restored. The organs, as located by the phrenologists, chiefly injured, are imitation, marvellousness and ideality.

Salisbury, November, 1835.

ART. VI. *Abortion, with tardy expulsion of an undecomposed fœtus.*

By ISAAC G. PORTER, M. D., of New London, Connecticut.

An article in a late No. of the Medico-Chirurgical Review, on the "Signs of Pregnancy," has the following query: "How does atmospheric air get at blood confined within the uterus? We believe there is a medico-legal question now pending—perhaps decided—respecting the putrefaction, or supposed putrefaction, of the dead fœtus in utero. Does the fœtus become decomposed in utero when deprived of life?" The following case, which has occurred within a few months, is in point, and may be interesting both to the medical jurist and to the obstetrical practitioner.

Mrs. ——— had proceeded to the fourth or fifth month of pregnancy, without experiencing any unusual circumstance. The signs of quickening, however, though anxiously expected, did not appear. With this exception, and the occurrence of severe dropsical symptoms, the other signs of pregnancy continued undiminished for another month. At this time the size of the abdomen began gradually to diminish, and at the eighth and ninth months was scarcely more prominent than ordinary. Still, a foreign body could, at times, be perceived through the parietes of the abdomen and uterus. The breasts also were distended, and there were occasional oozings of milk, though after the beginning of the ninth month, there was an evident diminution in the size and fulness of the former, and an almost entire interruption to the flow of the latter. The general health remained perfectly good. At the close of the ordinary period of utero-gestation, without pain, or any uncommon efforts, the distended membranes were found slightly protruding from the vagina—pains resembling cramp succeeded, and subsequently alarming hæmorrhage. Enveloped in the unbroken membranes, was a fœtus apparently of five